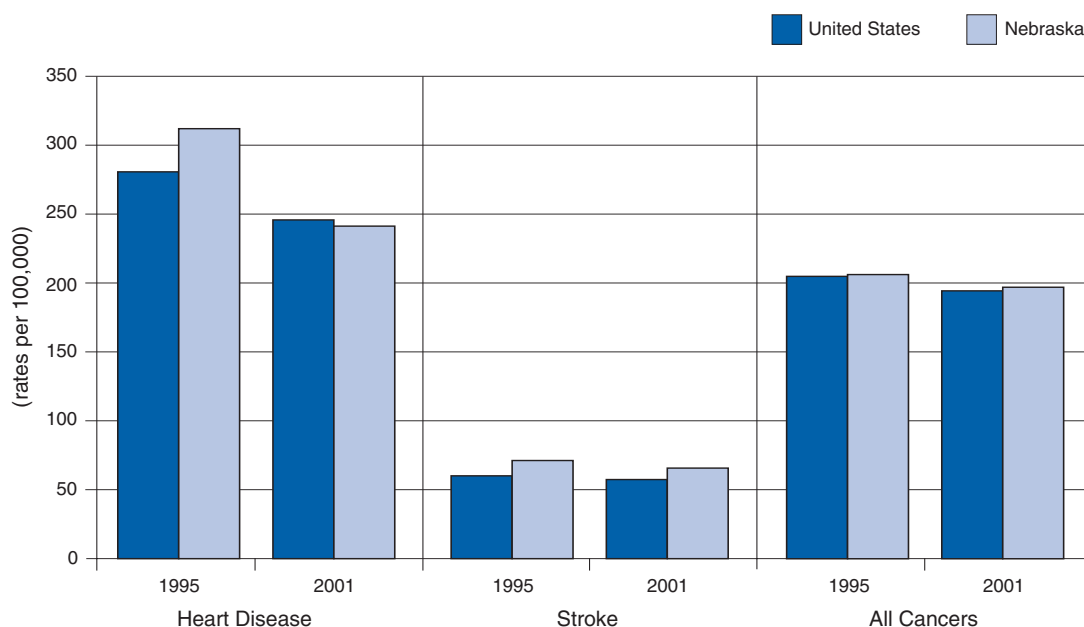


## Chronic Diseases: The Leading Causes of Death

### The Leading Causes of Death

United States and Nebraska, 1995 and 2001



Source: National Center for Health Statistics, 2003

### The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

### Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

# The Leading Causes of Death and Their Risk Factors

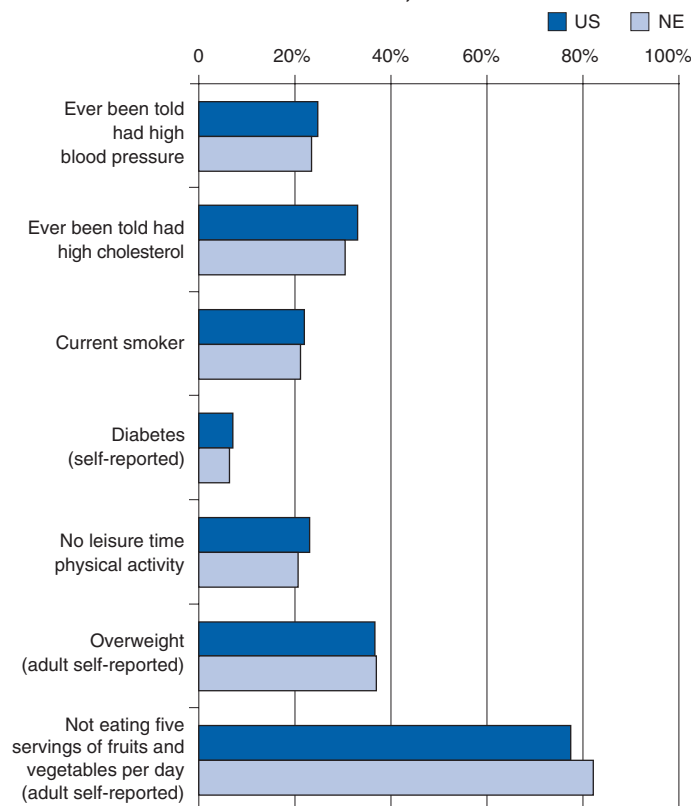
## Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in Nebraska, accounting for 4,150 deaths or approximately 27% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the third leading cause of death in Nebraska, accounting for 1,130 deaths or approximately 7% of the state's deaths in 2001.

### Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

## Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 3,410 are expected in Nebraska. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 8,280 new cases that are likely to be diagnosed in Nebraska.

Estimated Cancer Deaths, 2004

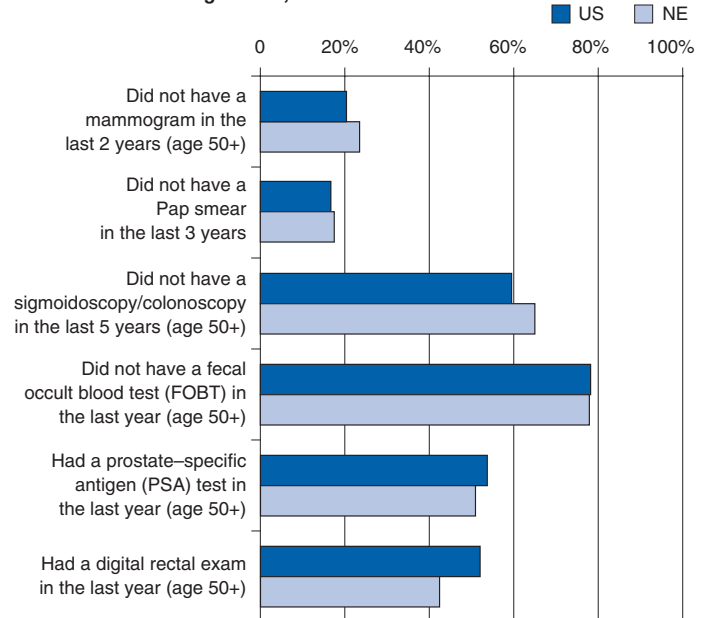
Cause of death	US	NE
All Cancers	563,700	3,410
Breast (female)	40,110	240
Colorectal	56,730	390
Lung and Bronchus	160,440	960
Prostate	29,900	190

Source: American Cancer Society, 2004

### Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

# Nebraska's Chronic Disease Program Accomplishments

## Examples of Nebraska's Prevention Successes

- Statistically significant decreases in cancer deaths among men across all races (256.3.0 per 100,000 in 1990 versus 231.2 per 100,000 in 2000).
- A 25.6% decrease in the number of women older than age 50 who reported not having had a mammogram in the last 2 years (from 49.1% in 1992 to 23.5% in 2002).
- A mortality rate that was lower than the corresponding national rate for female breast cancer deaths for all races (22.2% in Nebraska versus 26.7% nationally), and a higher prevalence rate than the corresponding national rate for leisure time physical activity (79.3% in Nebraska versus 76.9% nationally).

## CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to Nebraska in the areas of cancer, heart disease, stroke, and related risk factors.

### CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for Nebraska, FY 2003

<b>SURVEILLANCE</b>	
Behavioral Risk Factor Surveillance System (BRFSS) <i>Nebraska BRFSS</i>	\$190,340
National Program of Cancer Registries <i>Nebraska Department of Health and Human Services</i>	\$218,083
<b>CHRONIC DISEASE PREVENTION AND CONTROL</b>	
Cardiovascular Health Program <i>S.T.E.P.S. (Strategies Toward Environment and Policy Success) for a Healthy Heart</i>	\$337,373
Diabetes Control Program <i>Be Smart About Your Heart: Control the ABCs of Diabetes</i> <i>Small Steps, Big Rewards</i> <i>Control Your Diabetes for Life</i>	\$297,181
National Breast and Cervical Cancer Early Detection Program <i>Every Woman Matters</i>	\$2,909,048
National Comprehensive Cancer Control Program <i>Comprehensive Cancer Control Program</i>	\$142,683
WISEWOMAN <i>ABCs for Good Health</i> <i>Be a WISEWOMAN - Get Heart Smart!</i>	\$874,580
<b>MODIFYING RISK FACTORS</b>	
National Tobacco Prevention and Control Program <i>Nebraska Tobacco Prevention and Control Program</i>	\$1,199,489
State Nutrition and Physical Activity/Obesity Prevention Program	\$0
Racial and Ethnic Approaches to Community Health (REACH 2010)	\$0
<b>Total</b>	<b>\$6,168,777</b>

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

### Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in Nebraska that fall into other health areas. A listing of these programs can be found at <http://www.cdc.gov/nccdphp/states/index.htm>.

# Opportunities for Success

## Chronic Disease Highlight: Obesity and Physical Activity

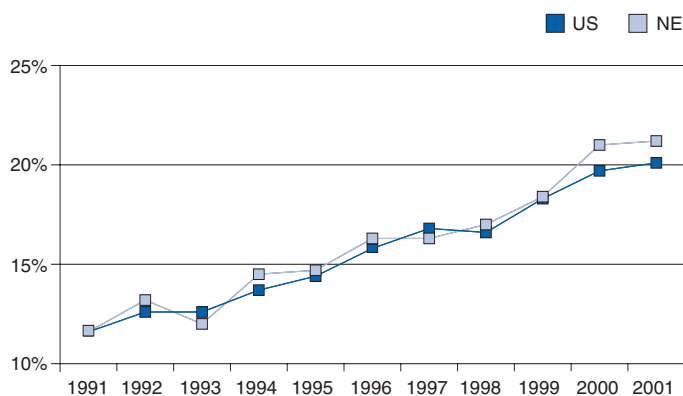
Between 1990 and 2000, obesity among Nebraska's adults increased 83%. During that time, in addition to the 21% of Nebraska adults who were obese, 38% were identified as overweight, making approximately 3 of every 5 Nebraskans—nearly 750,000 adults—either overweight or obese.

Obesity is a risk factor for four of Nebraska's six leading causes of death—heart disease, diabetes, stroke, and cancer. Obesity is also associated with conditions such as hypertension, gallbladder disease, osteoarthritis, sleep apnea, asthma, and high blood cholesterol.

The number of Nebraskans affected by cardiovascular disease, cancer, and diabetes is growing and has serious financial ramifications for the state. The total estimated costs in Nebraska for these diseases were \$2.1 billion for cardiovascular disease in 2002, \$972 million for cancer in 2001, and \$610 million per year for diabetes in 2001.

To reverse these trends, Nebraska has adopted several initiatives to encourage physical activity. These initiatives include the *Governor's Council on Health Promotion and Physical Fitness* and a *Physical Activity Program* to encourage Nebraskans to be physically active for at least 30 minutes a day.

### Obesity Trend Among NE and U.S. Adults Based on BMI\*, 1990-2000



\*Body Mass Index (weight in kilograms divided by height in meters squared) of 30 or greater.

Source: BRFSS

Text and figure adapted from *Governor's Report: Promoting Better Health for Young People in Nebraska through Physical Activity* (May 2003).

## Disparities in Health

The Hispanic population in Nebraska is the largest and most rapidly expanding minority group in the state. According to the U.S. Census, from 1990 to 2000, Nebraska's Hispanic population increased by 155.4% and now represents 5.5% of the state's population. Nebraska's African American population, which grew by 19.4% during the same time, represents 4.0% of the population, and the American Indian/Alaska Native (AI/AN) population, which grew by 20%, represents approximately 1% of the state's population. According to the 2000 U.S. Census, Nebraska's AI/AN population has the state's highest poverty rates (33.0%), followed by African Americans (27.4%).

A 2003 report by the Nebraska Department of Health and Human Services, Office of Minority Health and Human Services, indicates that heart disease is the leading cause of death among African Americans and AI/ANs in Nebraska. The state's AI/ANs have the highest heart disease death rate (435.7 per 100,000) and are 1.9 times as likely to die of heart disease as whites; African Americans, who have the second highest heart disease death rate (280.4 per 100,000), are 1.2 times as likely to die of heart disease as whites. The stroke death rate in Nebraska is 1.6 times higher for African Americans than for whites; for AI/ANs, the rate is 1.3 times higher than that of whites. According to CDC mortality data, in 2000, African American men in Nebraska also had a higher cancer death rate than white men (297.5 per 100,000, compared with 257.7 per 100,000).

Smoking is a risk factor for cancer, heart disease, and stroke. According to the CDC's Behavioral Risk Factor Surveillance System 2003 data for Nebraska, African Americans (22.6%) are more likely to smoke than whites (21.1%) or Hispanics (16.2%).

### Other Disparities

- **Diabetes:** In Nebraska, AI/ANs are 4.9 times more likely to die of diabetes-related causes than whites. The state's diabetes-related death rate for African Americans is 2.4 times greater than the rate for whites and the rate for Hispanics is 1.6 times greater than the rate for whites.
- **Cirrhosis:** Nebraska's AI/ANs are more likely to die from liver disease than whites. Liver disease is the 4th leading cause of death among AI/ANs in Nebraska and the 16th leading cause of death for whites.
- **Obesity:** AI/ANs (50.9%), African Americans (33.4%), and Hispanics (27.2%) are more likely to be obese than whites (23.2%).

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For more information, additional copies of this document, or copies of publications referenced in this document, please contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-42, 4770 Buford Highway NE, Atlanta, GA 30341-3717 | Phone: (770) 488-5706 | Fax: (770) 488-5962  
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